# F20000005438

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	idress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		





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### **COVER LETTER**

	stration Section ion of Corporations		
	BCM Mooring Company, Inc.		
SUBJECT.	Name of corporatio	n - must include suffix	
Dear Sir or M	ladam:		
"Certificate o	"Application by Foreign Corporation for f Existence," or "Certificate of Good Stated foreign corporation to transact busin	Authorization to Transact Business in Flor ading" and check are submitted to register less in Florida.	rida,'' the
Please return	all correspondence concerning this matte	r to the following:	
David L. Tab	er Jr.		
	Name of	Person	
Contractor Li	censing Inc.		
	Firm/Cor	npany	
P. O. Box 21	22		
	Add	ress	
Marco Island	, FL 34146		
	City/State	and Zip code	
david@contr	actorlicensinginc.com		72.7
	E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please call:		call:	20 
David L. Tab	David L. Taber Jr. 239 394-2300		<del>-</del> -1
Nan	at (at (at Co	le Daytime Telephone Number	<u>در</u> م
			) <u>-</u> ,
Regis Divis The C 2415	EET/COURIER ADDRESS: stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a Please make of ■ \$70.00 Fil	check for the following amount: heck payable to: FLORIDA DEPARTMEN ling Fee	T OF STATE  □ \$78.75 Filing Fee & □ \$87.50 Filing  Certified Copy  Certificate  Certified C	of Status &

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

BCM Mooring	Company, Inc.			
(Enter name of c	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION."		
(If name unavail	able in Florida, enter alternate corporate name		iness in Florida)	
2. Alabama 3.		26-4142436		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4. 02/06/2009	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6			. <u></u>	
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
2956 Mill Street		502. F.S., to determine penanty nationally		
7		fice street address)		
Mobile, AL 366	07		را	
	(Current maili	ng address, if different)	14 2 (m. ) ( , ) *	
Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	ည	
	Contractor Licensing Inc.		O T	
Name:				
Office Address:	601 E. Elkcam Cir, Unit B1		· · · · · · · · · · · · · · · · · · ·	
	Marco Island	. Florida 34145	ني	
	(City)	(Zip code)		

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS					
Chairman	Name: Grant H. Mo	orring	Chairman	Name:	
□Vice Chairman	Address:	Street	□Vice Chairman	Address:	
□Director	Mobile, AL 36607		□Director		
President			□President		
□Vice President		<del></del>	□Vice President		
☐ Secretary	ПΤ	reasurer	Secretary		☐Treasurer
Other		ther	□Other		Other
□Chairman	Name:		□ Chairman	Name:	
□Vice Chairman	Address:		□Vice Chairman	Address:	
□Director			□Director		
President			□President		
□Vice President			□Vice President		
Secretary	Ωт	reasurer	Secretary		□Treasurer
Other		ther	□Other		Other
					202
□ Chairman	Name:		□ Chairman	Name:	2027 11
□Vice Chairman	Address:	<del></del>	□Vice Chairman	Address:	
Director			□Director		
□President			□President	<del></del>	<del> </del>
□Vice President			□Vice President		
□Secretary	□т	reasurer	☐ Secretary		□Treasurer
Other		ther	□Other	<del></del>	□Other
Important Notice: individuals may be	iso granachinent to re	port more than six (6). The attach en filing your Florida Departmen		for reporting purport form.	rposes only. Non-indexed
/		Signature of Director or			
she is aware that fa 5.817.155, F.S.	lse information submitt	ent (and who is listed in number led in a document to the Departm	11 above) affirms the ent of State constitut	at the facts stated les a third degree	herein are true and that he or felony as provided for in
I3. Grant H. Mo	rring, President				

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

# STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that BCM Morring Company, Inc. was formed in Mobile County, Alabama on February 6, 2009. The Alabama Entity Identification number for this entity is 259-978. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

11/23/2020

Date

X. W. Merill

John H. Merrill

Secretary of State